

MALA HOLLAND
ALLEGAL SPECIALIST
DESIGNATED OFFICE
(703)305-5483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2							52			
3							53			
4							54			
5							55			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL ID.			3				TOTAL IND.			
TOTAL EP.		3					TOTAL DEP.			
TOTAL CLAIMS		4					TOTAL CLAIMS			